

## FORM D

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

1425700

OMB Approval

OMB Number: 3235-0076  
Expires: April 30, 2008  
Estimated average burden  
hours per response..... 1

## FORM D

NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	
SEC	

Mail Processing  
Section

JAN 9 0 2008

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)

An offering of Shares of A Interests and B Interests

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOEType of Filing: ☒ New Filing ☐ Amendment

## A. BASIC IDENTIFICATION DATA

## 1. Enter the information requested about the issuer

Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)

Evergreen International SMID Cap Absolute Return, LLC

Washington, DC

102

Address of Executive Offices (Number and Street, City, State, Zip Code)

200 Berkeley Street, Boston, MA 02116

Telephone Number (Including Area Code)

866-440-7460

Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
(if different from Executive Offices)

Telephone Number (Including Area Code)

Brief Description of Business

Investment Fund

Type of Business Organization

☐ corporation☐ limited partnership, already formed☒ other (please specify) Limited Liability☐ business trust☐ limited partnership, to be formed

Company

Actual or Estimated Date of Incorporation or Organization:

Month

08

Year

2006

☒ Actual☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; DE

CN for Canada; FN for other foreign jurisdiction)

## GENERAL INSTRUCTIONS

## Federal:

*Who Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)*When To File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.*Where To File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.*Filing Fee:* There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure To file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

PROCESSED

FEB 05 2008

THOMSON  
FINANCIAL

08023269

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**A. BASIC IDENTIFICATION DATA**

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner

Full Name (Last name first, if individual)

Evergreen Alternative Capital, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Koonce, Michael H.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Claro, Francis X.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Ferro, Dennis H.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Munn, William Douglas

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Colleary, Gerry

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Conkey, Christopher

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

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**A. BASIC IDENTIFICATION DATA**

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- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

D'Amato, Kenneth J.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

DeSantis, Joseph

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Lipsett, Lloyd

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., LLC, 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Moss, Matthew Charles

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Nakano, Yukari

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Ouellette, Kevin J.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Schwartz, William

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

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**A. BASIC IDENTIFICATION DATA**

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- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Stevenson, Timothy M.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Thomas, Michael A.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Evergreen Alternative Capital, Inc., 200 Berkeley Street, Boston, MA 02116

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

## B. INFORMATION ABOUT OFFERING

1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Yes ☐ No ☒
- Answer also in Appendix, Column 2, if filing under ULOE
2. What is the minimum investment that will be accepted from any individual? \$1,000,000\*
- \*May be waived
3. Does the offering permit joint ownership of a single unit? Yes ☒ No ☐
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Wachovia Bank, N.A.

Business or Residence Address (Number and Street, City, State, Zip Code)

401 South Tryon Street

Name of Associated Broker or Dealer

Charlotte, North Carolina 28202

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... ☐ All States

✓ [AL] ✓ [AK] ✓ [AZ] ✓ [AR] ✓ [CA] ✓ [CO] ✓ [CT] ✓ [DE] ✓ [DC] ✓ [FL] ✓ [GA] ✓ [HI] ✓ [ID]  
✓ [IL] ✓ [IN] ✓ [IA] ✓ [KS] ✓ [KY] ✓ [LA] ✓ [ME] ✓ [MD] ✓ [MA] ✓ [MI] ✓ [MN] ✓ [MS] ✓ [MO]  
✓ [MT] ✓ [NE] ✓ [NV] ✓ [NH] ✓ [NJ] ✓ [NM] ✓ [NY] ✓ [NC] ✓ [ND] ✓ [OH] ✓ [OK] ✓ [OR] ✓ [PA]  
✓ [RI] ✓ [SC] ✓ [SD] ✓ [TN] ✓ [TX] ✓ [UT] ✓ [VT] ✓ [VA] ✓ [WA] ✓ [WV] ✓ [WI] ✓ [WY] ✓ [PR]

Full Name (Last name first, if individual)

Wachovia Securities, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

901 East Byrd Street, WS 1042

Name of Associated Broker or Dealer

Richmond, VA 23219

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... ☒ All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... ☐ All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."



\$98,448,540\*


\*expenses estimated on \$100,000,000 offering amount

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and Fees .....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Purchase of real estate .....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Repayment of indebtedness .....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Working Capital .....	<input type="checkbox"/> \$98,448,540	<input checked="" type="checkbox"/> \$0
Other (specify) Investments in Portfolio Securities .....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Column Totals .....	<input type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> \$98,448,540	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Evergreen International SMID Cap Absolute Return, LLC	Signature 	Date January 24, 2008
Name of Signer (Print or Type) Michael H. Koonce	Title of Signer (Print or Type) Michael H. Koonce, Senior Vice President and Secretary of Evergreen Alternative Capital, Inc., the Managing Member	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END